

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
FRATERNAL ANNUAL INFORMATION STATEMENT
For Period Covering January 1, 2005 - December 31, 2005

ANSWER COMPLETELY AND ACCURATELY

1. Name of Company: _____

a. Statutory Home Office Address:

Street (No P.O. Box) Suite City State Zip Code

Check box if city of domicile or city and state of domicile are different from California certificate of authority ☐

A checked box requires an amendment to the California certificate of authority. The California form and process for redomestication or change of city of domicile can be accessed on our website as can the UCAA forms at <http://www.insurance.ca.gov/>.

b. Mailing Address (All mailings from the Department will go to this address):

Street (No P.O. Box if possible) Suite City State Zip Code

Check box if different from last year ☐ Date moved _____

2. Has there been any change in your organization's name or address since last June 30?

Yes_____ No_____ (If yes, give new name and/or address.)

3. Have you amended your Articles of Incorporation since last June 30?

Yes_____ No_____ If yes, has a copy thereof, certified by the custodian of the original, been filed with this Department?
Yes_____ No

4. Have you amended your Constitution or Bylaws or other organizational and governing documents by whatever name known during the current license period?

Yes_____ No_____ If yes, have you filed with this Department a copy of each such amendment or each such document, as amended, certified by your secretary or corresponding officer to be a true copy of the original and attached a filing fee of \$50.00?

Yes_____ No_____ (If all such amendments have not been filed, you should do so at once.)

5. When was the last meeting of your supreme legislative convention held?

6. Have you obtained approval of the California Insurance Commissioner of all application, certificate and rider forms you use or issue, or plan to issue in California?

Yes_____ No_____ (If no, you must obtain such approval of each such form before it is used or issued in California or issued to a member resident of California.)

7. Has any officer, director, agent or employee of the Society for himself/herself or as partner or agent of others, directly or indirectly: (a) borrowed any of the Society's funds, (b) become endorser or surety for loans by the Society to others, or (c) in any manner become an obligor for monies borrowed or loaned by the Society?
Yes_____ No_____ (If yes, describe details and provide copies of the documents to this Department.)
8. Has any officer, trustee, agent or employee of the Society asked, received, or consented or agreed to receive anything of value for procuring or endeavoring to procure a loan to any person from the trust funds of, or funds belonging to, the Society?
Yes_____ No_____ (If yes, describe details and provide copies of the documents to this Department.)
9. Without having first obtained the written consent of the California Insurance Commissioner, has any person having authority in the management of the Society's funds or any officer, director or trustee of the Society: (a) received any money or valuable thing for negotiating, procuring, recommending or aiding in any loan from the Society or any purchase by or sale to the Society of any real or personal (tangible or intangible) property, (b) had any pecuniary interest as principal, coprincipal, agent, attorney or beneficiary in any such loan, purchase or sale, or (c) directly or indirectly purchased or been pecuniarily interested in the purchase of any of the assets of the Society? As used herein, the word "property" also includes leases and management, investment and/or administrative service agreements.
Yes_____ No_____ (If yes, explain in detail and attach all contractual arrangements.)
- If the California Insurance Commissioner's prior written consent was obtained to the transaction and/or contractual arrangement, have there been, in the interim, any changes, modifications or amendments in either the terms or compensation without having first obtained the Commissioner's written consent to the changes, modifications or amendments?
Yes_____ No_____ (If yes, explain the changes noting any prior contact made with the Department with respect thereto and attach copies thereof.)
10. Without having first obtained the written consent of the California Insurance Commissioner, has the Society entered, or does it have any plans to enter, into any transaction the effect of which is: (a) to merge or consolidate with or into a general mutual or stock insurer, whether or not admitted to California, or (b) to be converted into a general mutual insurer?
Yes_____ No_____ (If yes, explain in detail and attach all of the contractual arrangements.)
11. Without having first obtained the written consent of the California Insurance Commissioner, has the Society transferred, or attempted to transfer its entire property or business to any other person, or has the Society entered into any transaction the effect of which is to reinsure substantially all of its insurance business with any other person, whether or not admitted to California? As used herein, the word "substantially" means 50% or more. The word "person" includes all legal entities. Yes ___ No__ (If yes, explain in detail and attach all contractual arrangements.)
12. Has the Society reinsured or assumed substantially all of the insurance business in force of any other insurer or society, whether or not admitted to California? As used herein, the word "substantially" means 50% or more.
Yes_____ No_____ (If so, explain details noting name of cedent and any prior contact with the Department; attach copies of all contractual arrangements and, if applicable, assumption certificates.)

13. Has the Society ceded less than 50% of its insurance business in force to a nonadmitted insurer or society or to one which has not been approved for such purpose by the California Insurance Commissioner?
Yes_____ No_____ (If yes, explain in detail and attach all contractual arrangements.)

I hereby declare under the penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

By:
Signature

(Corporate seal)

Print Name:

Title:

Date:

Name of person who filled out
this Statement: (Print)
(Title)

Telephone Number: ()
(Enter toll free number - otherwise collect call must be accepted.)

Return to: State of California
Department of Insurance
Legal Division
Corporate Affairs Bureau
45 Fremont Street, 24th Floor
San Francisco, CA 94105

(415) 538-4154